ILOILO DOCTORS' COLLEGE

West Avenue, Molo, Iloilo City
Tel. No. 335-8262

OFFICE OF STUDENT/ALUMNI AFFAIRS & SPORTS DEVELOPMENT

INSURANCE CLAIM FORM

☐ *STUDENT* ☐ *EMPLOYEE*

NAME : _____
(Last Name) *(First Name)* *(Middle Initial)*

ADDRESS: _____
(No. & Street)

_____
(Town/Municipality) *(City/Province)*

TEL. NO. _____ CELLPHONE NO. _____

DEPARTMENT: _____

STUDENT/EMPLOYEE ID. NO. _____

INSURANCE COMPANY NAME: _____

	APPLICANT HAS COMPLETED THE FOLLOWING REQUIREMENTS		OSAA STAFF	DATE
	FOR ACCIDENTAL DEATH OR UNPROVOKED MURDER & ASSAULT	**FOR MEDICAL REIMBURSEMENT/DISABLEMENT**		
FOR OFFICE USE ONLY	☐ Police Report or Incident Report ☐ Certification from School ☐ Death Certificate of Victim ☐ Birth Certificate of Victim ☐ Marriage Certificate of Victim (if married) ☐ Original Funeral Receipt	☐ Police Report or Incident Report ☐ Certification from School ☐ Medical Certificate ☐ Original Medical Receipt/s ☐ Original Prescription Receipt/s ☐ Hospital Statement of Account/ Billing Statement (if confined)	_____ *(Name)* _____ *(Signature)*	_____

_____
Signature of Applicant

OSAA FORM 008-2011*mafos*
(ACCOMPLISH IN DUPLICATE)1 COPY FOR OSAA, 1 COPY FOR APPLICANT